

Individual Embedded Out-Of-Pocket Example

The Millers' are a middle aged couple with family health care coverage. Both Mr. and Mrs. Miller have annual physicals which include vaccines and routine lab work. Mr. Miller had a knee replacement surgery on January 2 and a MRI with and without contrast done on his knee in May. In August, Mrs. Miller had a sleep study completed. Mrs. Miller also takes two generic medicines for chronic conditions which are filled at a retail pharmacy on the 25th of each month. The Millers' use only in network providers for their health care needs and has accepted the non-tobacco use agreement.

Claim Cost Submitted to Insurance

Description	Amount	Date
Annual Physicals	\$ 260.00	January
Routine Labs w/ Physicals	\$ 84.00	January
Vaccines w/ Physicals	\$ 180.00	January
Knee Replacement	\$ 30,000.00	January
Generic Chronic Condition RX	\$ 485.00	Monthly
MRI	\$ 800.00	May
Sleep Study	\$ 1,045.00	August
Total Cost of Services	\$ 32,854.00	

	Wellness CDHP	CDHP 1	CDHP 2	Traditional PPO
Family Coverage:				
Annual Deductible	\$5,000.00	\$5,000.00	\$3,000.00	\$1,500.00
Individual Embedded Out of Pocket Max	\$6,850.00	\$6,850.00	not applicable	not applicable
Out of Pocket Maximum	\$8,000.00	\$8,000.00	\$6,000.00	\$6,000.00
Preventive Services	\$0.00	\$0.00	\$0.00	\$0.00
Annual Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Routine Labs w/ Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Vaccines w/ Physicals	\$0.00	\$0.00	\$0.00	\$0.00
Cost of Preventive Services	\$0.00	\$0.00	\$0.00	\$0.00
Knee Replacement				
Applied to Deductible	\$5,000.00	\$5,000.00	\$3,000.00	\$1,500.00
Co Insurance	\$1,850.00	\$1,850.00	\$3,000.00	\$4,500.00
Cost of Knee Replacement	\$6,850.00	\$6,850.00	\$6,000.00	\$6,000.00
Generic Chronic Condition RX				
Applied to Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copay / Coinsurance	\$240.00	\$240.00	\$0.00	\$0.00
Cost of Chronic Condition RX	\$240.00	\$240.00	\$0.00	\$0.00
MRI With and Without Contrast				
Applied to Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copay / Coinsurance	\$0.00	\$0.00	\$0.00	\$0.00
Cost of MRI With and Without Contrast	\$0.00	\$0.00	\$0.00	\$0.00
Sleep Study				
Applied to Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copay / Coinsurance	\$209.00	\$209.00	\$0.00	\$0.00
Cost of Sleep Study	\$209.00	\$209.00	\$0.00	\$0.00
Total Point of Service Employee Costs	\$7,299.00	\$7,299.00	\$6,000.00	\$6,000.00
Employee Premium Contribution	\$1,180.92	\$2,115.36	\$7,762.56	\$21,751.08
State's HSA Contribution	(\$2,502.24)	(\$2,003.04)	(\$1,198.08)	\$0.00
Net Cost to Employee	\$5,977.68	\$7,411.32	\$12,564.48	\$27,751.08

As illustrated in the chart above under the Wellness CDHP and CDHP 1 columns, once Mr. Miller met the individual embedded out-of-pocket maximum of \$6,850 he was no longer responsible for any additional coinsurance amounts for himself. In other words, when he had his MRI completed in May, the plan picked up 100 percent of the cost. Although Mr. Miller had met the individual embedded out-of-pocket maximum, Mrs. Miller was still responsible for paying coinsurance for any claims she incurred prior to meeting the \$8,000 family out-of-pocket maximum. This is reflected in Mrs. Miller's August sleep study as she was responsible for paying a coinsurance for the claim.

Additional plan information is available at: www.in.gov/spd/openenrollment.